

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Henry B. "Hank" ZUBERTH
Full Address 429 Hanley Drive, Ocean Springs, MS 39564
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E-mail hankz@cableone.net
Office Sought state rep. Political Party Rep.



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$2,250 + 0	\$ 2,250	\$ 2,250
Total amount of disbursements	\$5,320.03 + 260	\$ 5,580.03	\$ 5,580.03
Total amount of cash on hand		\$ 11,750.37	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate [Signature]

Date 1/10/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Henry "Honk" B. Zuber

Reporting period

1/1/09

through

12/31/09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Check into Cash of MS, INC

Mailing Address

P.O. Box 550

City, State, Zip Code

Cleveland, TN 37304-6550

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)

10/27/09

Amount of each
receipt
this period\$ 250⁰⁰B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Chevron

Mailing Address

250 Industrial Rd

City, State, Zip Code

Pascagoula, MS 39568

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)

10/5/09

Amount of each
receipt
this period

\$ 1,000

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

AT&T

Mailing Address

175 E. Houston

City, State, Zip Code

San Antonio, TX 78205-2733

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)

10/22/09

Amount of each
receipt
this period

\$ 500

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Georgia Pacific

Mailing Address

600 14th St.

City, State, Zip Code

Washington, DC 20005

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)

11/16/09

Amount of each
receipt
this period

\$ 250

Aggregate
year-to-date

\$ 250

Name of Candidate or Committee Henry "Hank" B. Zuber Page 2 of 2
 Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CST</u>		<u>12/22/09</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 44057</u>		<u>12/22/09</u>	\$
City, State, Zip Code <u>Jacksonville, FL 32231-4057</u>		<u>12/22/09</u>	\$
Name of Employer (Required)		<u>12/22/09</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>12/22/09</u>	\$
Mailing Address		<u>12/22/09</u>	\$
City, State, Zip Code		<u>12/22/09</u>	\$
Name of Employer (Required)		<u>12/22/09</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>12/22/09</u>	\$
Mailing Address		<u>12/22/09</u>	\$
City, State, Zip Code		<u>12/22/09</u>	\$
Name of Employer (Required)		<u>12/22/09</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>12/22/09</u>	\$
Mailing Address		<u>12/22/09</u>	\$
City, State, Zip Code		<u>12/22/09</u>	\$
Name of Employer (Required)		<u>12/22/09</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Henry "Hank" B. Zuber

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Reporting period

1/1/09

through

12/31/09

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
First American Printing	10/18/09	\$ 935.18
Mailing Address		
P.O. Box 7001	10/9/09	\$ 2,284.85
City, State, Zip Code		
Ocean Springs, MS 39564	Aggregate Year-to-date	\$ 3,220.03
Purpose of Disbursement (Optional)		
printing + postage of newsletter		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
YMCA	2/10/09	\$ 400.00
Mailing Address		
1810 Government St.	1/8/2010	\$ 400.00
City, State, Zip Code		
Ocean Springs, MS 39564	Aggregate Year-to-date	\$ 800.00
Purpose of Disbursement (Optional)		
sponsorship of fundraiser runs		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
A.C. Y. PL.	1/9/2010	\$ 300.00
Mailing Address		
2131 K. St. NW Suite 400		
City, State, Zip Code		
Washington, DC 20037	Aggregate Year-to-date	\$ 300.00
Purpose of Disbursement (Optional)		
Donation to political exchange program		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Friends of Billy Hewes	8/28/09	\$ 1,000.00
Mailing Address		
City, State, Zip Code		
	Aggregate Year-to-date	\$ 1,000.00
Purpose of Disbursement (Optional)		
campaign contribution		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		